

Case Number:	CM14-0023907		
Date Assigned:	06/11/2014	Date of Injury:	01/31/2013
Decision Date:	01/27/2015	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/25/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Licensed in Chiropractor (DC), and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 33 year old male who injured his neck, upper back and lower back on 01/31/2013 as a result of attempting to move a very heavy tree trunk. In his progress report the primary treating physician lists the chief complains as follows: "Low back, mid back and neck pain persists." The patient has been treated with medications, home exercise program and physical therapy. The diagnoses assigned by the primary treating physician are cervical disc disease, thoracic pain and lumbar disc disease. An MRI study of the cervical spine has shown multilevel disc disease, facet joint hypertrophy at C4-5 and C5-6 with disc bulging at C3-4, C4-5 and C5-6. Thoracic spine MRI has been negative. An MRI study of the lumbar spine has evidenced multilevel disc disease worse at L5-S1 with desiccation 3mm left paracentral and foraminal disc protrusion with associated endplate at L5. The PTP is requesting an additional 12 chiropractic sessions to cervical, thoracic and lumbar spine. The UR department has modified the request and authorized 4 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Chiropractic x 12 visits cervical, thoracic, lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back, and Low Back Chapters, Manipulation Sections, and on the Non-MTUS Other Medical Treatment Guideline or Medical Evidence: MTUS Definitions Page 1

Decision rationale: The patient has received a trial of 8 sessions of chiropractic care treatment per the records provided. The progress reports provided from the treating physician do not show objective functional improvement as defined by MTUS. The initial PR2 report is available for review from the treating chiropractor. Subsequent chiropractic treatment records are not present in the records provided. The MTUS-Definitions page 1 defines functional improvement as a "clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.11; and a reduction in the dependency on continued medical treatment." The MTUS ODG Neck & Upper Back and Low Back Chapters recommend for "flare-ups/recurrences need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months" with evidence of functional improvement. There has been no objective functional improvement with the rendered chiropractic care in the cervical and the lumbar spine. The carrier's UR department has modified the request and authorized 4 sessions of chiropractic care. The request for 12 sessions far exceeds the MTUS recommended number of visits. I find that the 12 chiropractic sessions requested to the neck, upper back and lower back to not be medically necessary and appropriate.